

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DONALD J. TRUMP FOR PRESIDENT, INC.**

**A.** Full Name (Last, First, Middle Initial)

**CABIBI, NANCY, , ,**

Mailing Address 14274 N MOBBS RD

City  
HAUSER

State  
ID

Zip Code  
83854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

71.25

**Transaction ID : SA17A.250247**

Date of Receipt

**05 / 13 / 2020**

**EARMARKED THROUGH WINRED [SA17A.4822]**

Amount of Each Receipt this Period

45.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**CABIGON, MARK, , ,**

Mailing Address 4929 HOSTETLER AVE

City  
LAS VEGAS

State  
NV

Zip Code  
89131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UMC

Occupation  
NURSE

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

**Transaction ID : SA17A.357401**

Date of Receipt

**05 / 03 / 2020**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**CABILLO, CYNTHIA, , ,**

Mailing Address 1100 SULLIVAN AVE

City  
DALY CITY

State  
CA

Zip Code  
94017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

35.00

**Transaction ID : SA17A.357403**

Date of Receipt

**05 / 07 / 2020**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

130.00

**Total This Period** (last page this line number only) .....